

## VOLUNTEER APPLICATION

Please fill out the following as completely as possible and return to:  
Stambaugh Auditorium - Attn: Trinity Watson  
1000 5th Avenue, Youngstown, Ohio 44504  
Email to [volunteer@experienceyourarts.org](mailto:volunteer@experienceyourarts.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Are you 18 years of age or older?      Yes     No       Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_

Do you have ushering experience? If so, please describe:

Are you currently volunteering at other organizations? If so, where and in what capacity? (Please list organizations, positions held, dates and duties)

Please list any special talents, skills or strengths you would bring to the volunteer services, including any sign language skills and foreign languages you may speak.

Signature \_\_\_\_\_ Date \_\_\_\_\_